



Minnesota Department of Commerce
Consumer Protection and Education Division
85 7th Place East, Suite 500
Saint Paul, MN 55101
651.539-1600 (tel)
651.539-0105 (fax)
1.800.657.3602
Consumer.protection@state.mn.us

GENERAL OTHER

(This form is only for the use of Minnesota residents.)

Thank you for contacting the Minnesota Department of Commerce Consumer Protection and Education Division. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

1. Complainant

Your Name:

Street Address:

City:

State:

Zip Code:

Home Phone:

Day Time Phone:

Email Address:

Date of Birth:

2. Who is the complaint against?

Name of Company, Person, etc.:

Street Address:

City:

State:

Zip Code:

Name of Company, Person, etc.:

Street Address:

City:

State:

Zip Code:

Name of Company, Person, etc.:

Street Address:

City:

State:

Zip Code:

3. Type of Industry Involved (pick one)

Abstractor
Collection Agency
Money Transmitters
Adjuster

Currency Exchange
Beauty Salon
Appraiser
Franchise

Debt Settlement
Mortgage Originators
Payday Lenders
Other (please specify)

Notary
Loan Modification

4. Reason for Complaint (check one or more)

Sales / Service
Contract / Policy Dispute
Licensing / Registration Status or Question

Other (please specify)
Misrepresentation
Unlicensed / Unregistered Activity

Details of my complaint: (Please attach copies of all relevant documentation including most recent correspondence from the company.)

(Please attach additional sheets as necessary)

I hereby affirm that the foregoing statements and photocopies of all attached documents are true and correct.

Date

Signature of Complainant

Mail written complaints to:

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